COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

FEBRUARY 7, 2003

VIDEO TELECONFERENCE MEETING LOCATIONS:

KINKEAD BUILDING, 505 EAST KING STREET, ROOM 103, CARSON CITY
AND
SPECIAL CHILDREN'S CLINIC, 1161 SOUTH VALLEY VIEW, CONFERENCE ROOM,
LAS VEGAS

MINUTES

COMMISSIONERS PRESENT AT THE CARSON CITY LOCATION:

David Ward, Chair Eric Albers, Ph.D. John Brailsford, Ph.D. Joan McCraw, Registered Nurse Gretchen Greiner, Ed.D.

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Johanna Frick, M.D. Rena Nora, M.D. Elizabeth Richitt, Ph.D.

CALL TO ORDER

Chair Ward called the meeting to order at 9:00 A.M.

APPROVAL OF MINUTES

The following amendments/clarifications were made to the December 6, 2002 minutes: Page 6, 4th paragraph, under "Action" Mr. Cotton stated that he would send a copy of the report, *due out by the end of summer,* with the outcomes of the self-study of child issues to each Commissioner; Page 6, 6th paragraph, 4th line, ...because they do [not] need screening.; Page 10, 2nd paragraph, 3rd line, ...with only 1 *death that was not a* pure suicide.; Page 10, 4th paragraph, "Action" clarification that BADA information to be presented at the next (April) Commission meeting; Page 12, 1st paragraph, ...representative from Las Vegas Mayor [Giblon's] *Goodman's* office...; Page 12, 6th paragraph, "Action" clarification that the Commission reviews the grant for domestic violence funding every three years, and the next scheduled review is next year.

MOTION: Dr. Nora moved to approve the December 6, 2002 minutes as amended, seconded by Dr. Brailsford. The motion passed unanimously.

INTRODUCTIONS: NEW COMMISSIONER: GRETCHEN GREINER, Ed.D. AND NNAMHS MEDICAL DIRECTOR: IRA PAULEY, MD

Chair Ward welcomed and introduced Gretchen Greiner as the new Commission member from Elko, Nevada. Ms. Greiner stated that she has worked for the Elko County School District for the last 28 years in special education and she serves on various mental health advisory committees.

Harold Cook apologized that Dr. Ira Pauley was unable to be present for introduction as the NNAMHS Medical Director. Dr. Pauley will attend a future meeting to be introduced to the Commission.

CRISIS CALL CENTER/SUICIDE PREVENTION RESOURCE COORDINATION TASK FORCE UPDATE

Stacy Heiser, assistant to Misty Allen, discussed information regarding the Crisis Call Center's involvement with the Suicide Prevention Resource Coordination Task Force. The Crisis Call Center mailed out 173 surveys and 85 surveys have been completed and returned. Ms. Heiser thanked lke Cress for her help with letterhead that went with the survey. They are maintaining and updating a database with all of the information that is being received for the Task Force.

Ms. Heiser stated that the Crisis Center received 1,851 calls for the month of January and it appears that there will be approximately 24,000 calls for this fiscal year. There were 18,000 total calls last fiscal year. 19 new trainee volunteers, from the winter training, will be graduating on March 1, 2003. This will allow for additional coverage after hours. Ms. Heiser stated that the Resource Directory is finished and distributed a copy. The Resource Directory is intended to cover Northern Nevada and the rural counties. Clark County has a comprehensive resource directory that is put out by Help of Southern Nevada. The Resource Directory contains three sections in beginning that have an alphabetical listing of agencies, a section for rural indexing by county, and emergency numbers for each county. For the most part, Clark County is not covered, except for one or two resources in Mesquite. The Directory is also broken down into categories, for example: basic needs, mental health, family services, women issues, veteran services, multicultural services, etc. and then the type of service provided. Ms. Heiser stated that contact information, addresses, phone numbers, e-mail addresses, a brief description of the service provided, eligibility, and fees required is included. There is an on-line directory that is not as up-to-date as the hard copy, with the next step being to update the on-line directory. A survey is provided with the Directory for feedback. Ms. Heiser distributed an invoice for those that would like to purchase a Directory.

Dr. Nora stated that the Task Force held their last meeting on December 17, 2002. She stated that 173 surveys were mailed out and the data is being complied. The analysis should be ready in about two to three weeks. Dr. Nora stated that a Directory with specifically suicide related information would come out of the survey data. Dr. Nora questioned how to might get the Directory published. Dr. Brandenburg responded that the Division would help publish the Directory.

Dr. Nora felt that there was a positive response to the survey because it was mailed under MHDS letterhead. Also, those completing the survey will receive a free copy of the Resource Directory. Dr. Nora would also like to see a section on suicide on the MHDS web site. The next meeting of the Task Force is scheduled for February 21, 2003 at 1:00 P.M.

Chair Ward thanked the Task Force for all of their hard work.

MHDS SOUTHERN ADVISORY BOARD

On behalf of Santa Perez, StanLee Dodd stated at the last Board meeting, the Board discussed the Governor's Recommended Budget for Desert Regional Center in detail and the Board is drafting a letter of support to the Governor, Legislators and the Commission. There was some discussion regarding the Governor's proposed business tax and its impact on for-profit service providers, in that the 7% rate increase would be in affect January 1st and the business tax would take affect on July 1st. One Board member visited another state and reviewed their developmental services and was very proud of the services provided in Nevada. There was a lengthy discussion regarding the 12 bed downsize at the developmental center, the difficulty in downsizing and a comparison of rates between the developmental center and community service providers. Finally, there was discussion regarding the dental issue focusing on the disagreement between the dental society and the dental school. There appears to be a rift between the dental society and dental school and whether or not they will serve people with disabilities. The dental society was opposed to the development of the dental school for political reasons. However, Dr. Cratic and Dr. Brooks are members of the dental society and feel that they do not have the support of the local dental school. Currently, the dental school is not serving MHDS clients.

(Dr. Fricke arrived at the meeting.)

MHDS NORTHERN ADVISORY BOARD

There was no representative from the MHDS Northern Advisory Board.

MHDS REPORTS

Dr. Crowe stated that this is the effort of the Planning and Evaluation Team to put forth a sequence of topical, meaningful reports and information regarding mental health and developmental services in general. Dr. Crowe indicated that two of the three reports are on the Division's web site.

2002 Biennial Report

Dr. Crowe stated that this report is on the web site and is the Division's premier report. This report provides a general overview of the program and is very useful with interested citizens and individuals from other states. The report provides information about the Division, the people the Division serves, and outlines the first level of technical information (case load, admissions, diagnostic categories). Dr. Crowe stated

that contact information for the agencies is also included in this report. This report comes out every other January and is designed for Legislature information/use. Dr. Crowe encouraged feedback on the report.

2003 Indicators "At A Glance"

Dr. Crowe stated that this report is new and improved. He stated that a variety of data is collected on the web site and internally. There are monthly reports on each program that reports caseload, discharges, admissions and quarterly performance indicators. This the first baseline report with feedback from the Agency Directors. The report shows programs and how the programs are doing. Dr. Crowe stated that the indicators show that, overall, programs in Nevada are very effective to help keep individuals out of the hospital. Dr. Brandenburg stated that these are national indicators. Dr. Crowe encouraged feedback on this report, by phone, mail or e-mail.

2003 Westcare Evaluation Report (Southern Homeless Pilot)

Dr. Crowe stated that this report is a review of the \$500,000 Pilot Program. The Division has been receiving monthly data and monthly invoices for services. Dr. Crowe summarized the report of a project just beginning, November 2002, which portrays that they have served 20-25 people in actual services. They are on course for the grant. The project has experienced difficulty in recruiting staff, staff turnover, and difficulty with contracts. They have begun providing services. The report discusses the importance of providing pre-contact support for individuals and has begun to make outreach efforts. There will be a second report due in April and a final report due by June 30, 2003. Dr. Crowe stated that if this project continues there are plans for quarterly reports. There needs to be further documentation regarding medication uses. Dr. Crowe stated that, overall, this project is making a difference.

Dr. Triggs stated that in regards to the medication clinic issue, the latest data indicates there are 30 patients, 12 of whom are enrolled in the medication clinic. Just about every morning the HOPE team transports these patients to the psychiatric emergency services and those HOPE patients are tracked and monitored through the system.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Andrew Zeiser reported that the Council met on December 12, 2002, the Council approved the Council budget for Fiscal 2003, and discussed amending the bylaws to expand the Council membership and establish a grievance procedure. The Council discussed Council support of the NAMI initiative to collect national data on seclusion and restraint. The Council also met on February 5, 2003, during which a new vice chair was elected, Judge Wendy Cooley, approved the proposed bylaw changes and approved support of the NAMI initiative surrounding seclusion and restraint. Dr. Brandenburg presented an overview of the Governor's proposed budget for MHDS. The Council discussed advocacy efforts at the State Legislature. The Council met jointly on February 6th with the Commission during which Ed Cotton provided an overview of the Governor's proposed budget for DCFS. The Council again discussed

detailed advocacy efforts at the State Legislature to support key budget issues on behalf of MHDS and DCFS.

ACTION: Chair Ward requested that Mr. Zeiser send a copy of the budget summary and requested that the summary of the key budget issues discussed be sent to all Commissioners.

Mr. Zeiser stated that he is putting together a more expanded summary for the benefit of Council members and will forward that expanded summary to the Commission.

Alyce Thomas reported that the Council would be sending Council members to the NAMI Conference and the Consumer Conference. Consumer services assistance employees will also be attending the conferences and receiving training.

Chair Ward thanked Mr. Zeiser and Ms. Thomas for the joint meeting between the Council and the Commission.

For the benefit of the new Commissioner, Mr. Zeiser reviewed the Council membership and duties.

CONSUMER SERVICES ASSISTANCE PROGRAM UPDATE

Alyce Thomas responded that in regards to data collected from consumers every month there is a consumer concerns/compliments form that is filled out. The Consumer Services Assistance Program collects those forms every month for review and action, if necessary. The consumer concern form is on the Division's web site.

Upon questioning, Ms. Thomas stated that the Consumer Services Assistance Program administers the outpatient/exit surveys and at the end of the month those surveys are sent to Performance and Improvement.

Dr. Fricke requested that there be a 3-4 month prior notice for a joint meeting with the Council. Dr. Fricke stated that she was unable to attend the joint meeting due to scheduling conflicts.

Ms. Thomas stated that she is working with Chair Ward to scheduled joint meetings between the Commission and the Council for the next year.

It was discussed that at the joint meeting there was discussion regarding Desert Willows, an eight-bed facility for children less than 12 years of age, with no consensus on Desert Willow at the meeting. Chair Ward stated that Desert Willow is a controversial portion of the Governor's Recommended Budget for DCFS.

Dr. Richitt questioned if there was an alternative course in the community for youth ages 6-12 in an acute crisis. It was indicated that there is a pediatric acute care program at Monte Vista, but this facility is always full with a waiting list. Dr. Fricke expressed concern that there is no adequate alternative plan for children ages 6-12.

A break was granted at 10:37 A.M. The meeting reconvened at 10:50 A.M.

AGENCY DIRECTORS' REPORT

SNAMHS

Dr. Albers stated that the medication clinic waiting list seems unusually high. Dr. Triggs responded that patients are seen at the psychiatric emergency services due to the enormous growth in Clark County. SNAMHS developed an impromptu medication clinic at the Crisis Unit. Dr. Triggs stated that they have requested additional staff to help with the wait time and waiting list. Dr. Triggs stated that they added approximately 1,000 individuals to the medication clinic last year. The medication clinic is now serving 6,700 individuals. Dr. Triggs stated that the average length of stay in the hospital is approximately 20 days.

MENTAL HEALTH CONSORTIUM UPDATES/EXECUTIVE SUMMARIES

Clark County Mental Health Consortium

Christa Peterson distributed and briefly reviewed the Consortium's 2nd Annual Report. Ms. Peterson encouraged the Commission to read the entire report. Ms. Peterson reviewed the following highlights:

- Progress Report on Local Action Steps on mental health issues for children;
- The Consortium collected data on unmet needs in different populations and decided that they needed to look more in depth and collect data on the child protective services population in Clark County;
- The Consortium needs to collect data on children with mental health problems in the juvenile justice system;
- The Consortium decided they need to collect data on individuals that are receiving services, that are under served, and that are receiving no services but have mental health needs:
- The Consortium collected data for the front end welfare children and front end juvenile justice system to look at the risk factors and protective factors to improve services and to lead to new Action Steps for the Consortium;
- The New Action Steps for the State Legislature, State Government and Local Governments.

Dr. Albers questioned whether there were strategies to reduce the risk and enhance the protective factors. He stated that the risk factors seem to be directed more towards the parents/caregivers. Ms. Peterson responded that family support services are important. Dr. Albers questioned if the Consortium will be looking at measurable outcomes. Ms. Peterson responded that the Consortium is looking at what can be done within existing programs.

Washoe County Consortium

Les Gruner stated that DCFS participated in the Consumer Survey Conference and will be working closely with MHDS and Rural Clinics to collect and report consumer data.

Mr. Gruner reviewed the Consortium's 2nd Annual Plan. Mr. Gruner updated the Commission on the Local Action Steps and highlights of the Plan. The Consortium focused, August through January, on the assessment and survey information. The assessment committee is working on developing an assessment tool to streamline the process. The Consortium is also working on a process to release and share information. The Consortium surveyed the Washoe County School District special education SED students and families. The Consortium mailed out 305 surveys to the families, only 42 completed surveys were received back (a 13% return rate). Mr. Gruner stated that counseling was the number one service priority for this population followed by financial support and psychiatric intervention.

Mr. Gruner stated that the Consortium is a partner with juvenile probation and the school district. They have a grant for \$50,000, which creates a Crisis Intervention Team to help students and work with students to stay in school and out of juvenile probation.

The Consortium added two new members, Laurie Wilson from Nevada State Welfare and Candy VonRudden, a parent advocate.

Mr. Gruner stated that next year the Consortium would focus on:

- Active Work Groups such as assessment;
- New Group for Surveys:
- Work Group for Family Empowerment and Cultural Diversity;
- Interagency MOU to better work together;
- Continue to apply for grants to develop a new system of care and better serve children in Washoe County; and
- Continue to request new positions to help facilitate a new system of care.

Mr. Gruner stated that there are proposed changes to the Medicaid system and a representative from Medicaid will present to the Commission at the appropriate time regarding the changes.

Rural Consortium

Ed Cotton stated that there is a Bill Draft Request before the Legislature to amend the due date for the plan to be submitted. Currently the plan is to be submitted to the Division on January 15th and the Division is to submit to the Legislature on January 15th. The BDR would allow for the plan to be submitted to the Division on July 15th and then 30 days for the Division to submit to the Legislature. This amendment would also align the reporting with the State fiscal year.

Mr. Cotton stated that the Rural Report contains information regarding the expansion of Medicaid providers and expanding the types of services that could be Medicaid eligible.

Mr. Cotton stated that the Rural Consortium used the 2nd Annual Report to build upon the 1st Annual Report. The Consortium looked at more available information and data and stated that the results worsened for residential care and the costs for that care. The Rural Region determined that 86% of funding for support for children with mental health is being spent on the high cost of residential care for less than 10% of the children.

The Consortium has focused on wrap around services, early intervention, and focused services. The Consortium has also focused on "Step Down Children". The Consortium discussed wrap around facilitators for wrap around services. The Consortium reported that they are having good success with the program. The Consortium continues to deal with:

- Wrap around services;
- Measuring outcomes;
- Standardized assessments:
- Prior authorization;
- Case management; and
- Quality assurance.

Mr. Cotton stated that the Winnemucca Community Coalition has integrated family support teams. The Consortium continues to support the Early Assessment Collaboration Team Model in Carson City and may be expanded to two other large rural areas. This program evaluates children within the first 72 hours for services.

Mr. Cotton stated that during the next biennium, the Consortium will be working with Nevada PEP to implement training in rural areas on family support model, working on the recruitment of mental health specialists to serve in rural Nevada, and continue to request funding for wrap around services. The Consortium will continue to review changes to Medicaid for eligible services and community based alternatives.

The Consortium is proposing that children who return home continue to receive Medicaid services for at least six months. The Consortium recommends continued funding to reach the original target of 327 children.

Dr. Brailsford stated that there seems to be a move from residential care to wrap around services and early intervention.

Dr. Albers commended all three Consortia for a job well done.

ANNUAL FY03-04 WORK PLAN FOR NEVADA HEALTH DIVISION/MHDS COOPERATIVE DATA SHARING PROJECT

Dr. Kevin Crowe stated that this was to be an update of the interaction with the Health Division. Dr. Crowe stated that Cheryl McMonigle has been under contract since January 1, 2003. Dr. Crowe stated that this project has been delayed and is currently on hold.

ACTION: Dr. Crowe will report at the next meeting on the progress of the project with the Health Division.

DCFS REPORT REGARDING NATIONAL DATA REQUIREMENT OF COMPLETE 30-DAY EVALUATION FOR CHILDREN IN FOSTER CARE

Ed Cotton stated that there is a 30-day requirement that a comprehensive assessment must be done for each child. Mr. Cotton stated that he reviewed 350 files and of those 350 files – 68% had comprehensive assessments; 88% had educational assessments; and 84% had physical/health assessments. Mr. Cotton stated that this review revealed shortcomings in the comprehensive review.

Mr. Cotton discussed the upcoming federal review and the financial and non-compliance consequences of that review. Mr. Cotton expressed concerns regarding foster care safety assessments. Mr. Cotton stated that the safety assessment tool is in place as a protection for workers. Upon questioning by Dr. Nora, Mr. Cotton stated that staff training is very important.

AGENCY DIRECTORS' REPORTS

Mojave

There were no comments.

A lunch break was granted at 11:55 A.M. The meeting reconvened at 12:40 P.M.

AGENCY DIRECTORS' REPORTS

Sierra Regional Center

Jane Gruner stated that the wait times have resulted from the 3% budget cuts. Those budget cuts are restored in the proposed budget.

Dr. Albers questioned what the reporting period is and should that reporting period be indicated on the reporting form for each agency.

ACTION: Following discussion, Dr. Brandenburg stated that he will request that all agencies report for the same reporting period and that period will end on a Friday, three to four weeks prior to the Commission meeting.

SNCAS

Upon questioning by Dr. Brailsford, Christa Peterson reported that the wait list figure looks like a typo, as it is the same figure listed in the caseload category. Ms. Peterson stated that the wait list has a monthly average of 70.

RRC

Upon questioning by Dr. Albers, Marsha Bennett stated that the caseload is 50 to 1. Ms. Bennett stated that they perform the minimum quarterly contact requirement.

It was indicated that the MHDS and the DCFS (and all state agencies) budgets are listed on the Legislative website.

STATEWIDE MEDICAL DIRECTOR'S REPORT

Dr. Rosin reported on pharmacy issues and concerns for potential inflation of pharmacy costs over the next biennium and that this was compounded in the 2nd year by 40%. Dr. Rosin stated that they are reviewing how to prescribe and manage the Division Matrix, which is in place at NNAMHS, and define the use of anti-psychotic and psychotropic medications and anti-depressants. Dr. Rosin stated that they are implementing a peer review process by the staff. Dr. Rosin stated that the Oversight Pharmacy Committee would regularly review changes to the matrix.

Dr. Rosin stated that the extensive Total Pharmacy Review Report is in the process of being printed.

OUTPATIENT SURVEY SUMMARY

Dr. Kevin Crowe provided handouts and introduced Jerry Ciani from Rural Clinics. Dr. Crowe stated that MHDS provides four separate but interrelated large-scale automated consumer data collections in four major areas: inpatient programs; outpatient adult surveys; outpatient youth; and outpatient family surveys. Dr. Crowe reviewed the previous efforts to collect data. The first surveys were small and completed by phone. Response rates vary due to the survey being an added staff responsibility and the surveys were not offered, completed and returned to the Division. The next survey was done by mail and the response rate was not favorable because due to bad addresses and returned surveys. Dr. Crowe stated that the Division learned that purchases surveys do not work and that planning is critical in the survey process.

Dr. Crowe stated that an NTAC conference was held with individuals from MHDS, DCFS and national experts to discuss who and how to survey. At the conference it was agreed that there should be an annual survey with a 60-45 day window. Dr. Crowe stated that the data obtained would produce an easy to read report. Dr. Crowe stated that there would be two different reports generated from the data. The first being a Report Card and the second would be a Technical Report for agencies that would include unstructured responses. There will be help from the Consumer Assistance Program to have the surveys administered by consumers to consumers. The survey process will be an ongoing activity.

Jerry Cinani stated that they administer the surveys for the youth population. Mr. Cinani stated that they survey during and after the completion of services. Mr. Cinani stated that the data has been complied, but the report is not yet complete due to staffing problems. The survey will give data regarding the access to services and the

appropriateness of services. The surveys are designed to collect information of the consumer's feeling/opinion of services and designed for the 13-17 year old.

PUBLIC COMMENT

There was no public comment.

MHDS POLICIES

POLICY #5.028 – FAMILY AND MEDICAL LEAVE POLICY #4.040 – INTERNET AND E-MAIL USE POLICY

Upon questioning, Kathy McCormick, Personnel Officer for the Division, stated that this policy has been a Department of Human Resources policy and is now Division policy. Deputy Attorney Irvin stated that Nevada follows the Family Medical Leave Act guidelines in this policy. Ms. McCormick stated that there are no substantive changes to the policy.

ACTION: Dr. Albers requested that any changes to policies be indicated in the document, so that the Commission would be able to see what is being amended or deleted from a policy.

ACTION: It was discussed that the Commission should also be reviewing and approving polices for DCFS. This will be discussed with Mr. Cotton.

MOTION: Dr. Albers moved to approve Policy #5.028 and Policy #4.040, seconded by Dr. Brailsford. The motion passed unanimously.

INFORMATIONAL

2004-05 Biennium Budget Presentation

Dr. Brandenburg stated that on January 23, 2003, the MHDS budget was presented to the Joint Budget Committee. Dr. Brandenburg reviewed the breakdown of the mental health and the developmental services budgets. Dr. Brandenburg stated that the budgets are broken down in the mental health category by agencies. The budget biennial total has an increase of \$46 million and included in the budget are 88.79 new positions with 79 of those positions dedicated to SNAMHS. There is a rural increase in the budget of almost \$5 million.

It was discussed that Nevada spends \$53.81 per capita for mental health, the national average per capita is \$87. Nevada spends \$15.49 per capita for hospital care, the national average is \$25.62. According to CMHS, the national average is 33 beds per 100,000 people and Nevada has 4.8 beds per 100,000 people.

It was discussed that the Medicaid reimbursement rate is decreasing. The wait time for clients is increasing. There is tremendous growth in the medication clinics. It was

stated that there would be a 15% rate increase for providers, 7% for the first year and 8% for the 2nd year.

Dr. Brandenburg reviewed other issues in the budget:

- Northern Nevada Mental Health Court funding; Southern Nevada does not have a Mental Health Court;
- Reclassification of pharmacists to higher pay;
- Rural infrastructure needed in Mesquite, Pahrump, Carson, Douglas and Lyon;
- Management Information System for programs updating to a state-of-the-art system for pharmacy and billing.

There will be a meeting on February 17th to discuss adult mental health issues and a meeting scheduled for February 20th to discuss children mental health issues. Dr. Brandenburg stated that he is in the process of developing a Fact Sheet for MHDS.

Dr. Brandenburg stated that Nevada is the only state where MHDS pays for residency programs. Other states have residency programs that are paid for by the medical school. It was indicated that Lakes Crossing has a residency program in their budget. Dr. Brandenburg stated that he is working with Dr. McFarland from the medical school to solve the residency problem, as they both feel that this is a worthwhile program.

Chair Ward stated that the Commission identified the residency program as a need.

ACTION: Dr. Brandenburg will keep the Commission informed of the discussions with Dr. McFarland.

Chair Ward reviewed the needs outlined in the Commission's letter to the Governor and if there was funding provided in the budget:

- Southern Nevada Hospital included in budget;
- Increase of Suicide Information Data there was no specific funding included, but Senator O'Connell in SB 49 is requesting funding for two positions (one coordinator and one trainer for the Department of Human Resources);
- Early Autism Intervention no funding provided;
- Residency Program only Lakes Crossing was included in the budget;
- Provide Seamless Services, MIS Allocation to update the MIS System to an automated integrated system – included in the budget;
- Grant Writer not included in the budget:
- Full Funding for Medication Clinics algorithm and matrix included in the budget;
- Funding for Private Providers included a 15% increase over the next two years;
- Mental Health Court Northern Nevada court is in the budget, Southern Nevada court was not in the budget;
- Hiring to fill vacancies included in the budget along with new positions;
- Expanded Emergency Services included in the budget;
- Increase Training to Reduce Seclusion and Restraint; included in the budget.

Dr. Brandenburg encouraged Commissioners to provide advocacy and testimony to the Legislature. Dr. Brandenburg stated that the Commissioners should take an active role

in the Legislature on issues important to the Commission. Dr. Brandenburg encouraged Commissioners to schedule meetings with the Governor and individual Legislators. Chair Ward encouraged each Commissioner to meet with as many Legislators as possible.

STATUS OF SUICIDE RISK ASSESSMENT INFORMATION AS REQUESTED BY DR. ERIC ALBERS

ACTION: This item is to be placed on the next meeting agenda.

REPORT FROM MHDS COMMISSIONERS/ROUND TABLE DISCUSSION

Ms. McCraw stated that she appreciates the opportunity to learn more and appreciates all of the information that she received.

Dr. Nora stated that the Las Vegas Crisis Call Center is listed in the phone directory and when outside of regular hours, phone calls are routed to an answering service. Dr. Nora stated that she made a phone call at 5:00 A.M. and her call was routed to an answering service. The Answering Service has a list of who to call, with back up to call Reno. Dr. Nora suggested that if a Commissioner receives a complaint regarding the Las Vegas Crisis Call Center, they should get the specific date, time and other pertinent information regarding the call.

Dr. Richitt stated that the Advocacy Council is advising and obtaining consumer feedback and there is a need to get feedback from service workers. This is important to the Commission's mission.

Dr. Brailsford expressed a need to plan a rural tour and suggested that the next Commission meeting be held in Mesquite or Pahrump or a group of Commissioners should conduct a rural tour.

Upon questioning, Deputy Attorney General Irvin advised the Commission that it would be unwise to form a quorum to visit a rural clinic. A quorum of the Commission would be four Commissioners meeting at the same place. If a Subcommittee of the Commission with four or more Commissioners were to meet, the meeting would need to be posted per the Open Meeting Law. If the Subcommittee consisted of three or less Commissioners, then an agenda would not need to be posted.

Dr. Fricke stated that she would check with parents of children affected with autism for funding requests to the Legislature.

Ms. Greiner stated that her first meeting was overwhelming, but that she is tremendously encouraged for mental health in the Governor's proposed budget. Ms. Greiner reminded the Commission that the rural areas have unique needs.

Chair Ward encouraged the Commission to help push identified issues through the Legislature by advocacy and testimony. Chair Ward expressed a need to talk with front

line staffers as critical decisions are being made within the next few months. Chair Ward stated that he would try to keep all Commissioners informed.

Dr. Brailsford stated that he was happy that all eight Commissioners were present for this meeting. Dr. Brailsford expressed frustration regarding an incident wherein it took five to six hours for a Legal 2000 patient to be processed. Dr. Brailsford suggested that paramedics and police officers need to be better trained.

Dr. Rosin stated that they are beginning a small training program on February 19, 2003, for police officers.

ACTION: Dr. Brandenburg will send an invitation to all Commissioners to the training. Dr. Albers requested that all tagged items be placed on the next meeting agenda. Chair Ward requested that Commissioners contact him if they want an item on the next agenda.

Chair Ward stated that the Advisory Council would like to meet annually in February and October with the Commission to develop support. The dates for these meetings has been set for February 12, 2004 and October 16, 2004

ACTION: The Commission scheduled the following meeting dates: June 13, 2003; August 22, 2003; October 17, 2003; December 5, 2003; February 13, 2004; April 16, 2004; and June 18, 2004.

MOTION: Dr. Albers moved to close the regular public meeting, seconded by Ms. Greiner. The motion passed unanimously.

The Commission's regular meeting was closed at 3:30 P.M.

Respectfully submitted,

Christina Harper Recording Secretary